

EXHIBIT B

CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS
(Attached)

Form **BCA-13.15**
(Rev. Jan. 1999)

APPLICATION FOR CERTIFICATE
OF AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS

6260-587-1
SUBMIT IN DUPLICATE!

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1834
http://www.sos.state.il.us

This space for use by Secretary of State

FILED

JAN 13 2003

JESSE WHITE
SECRETARY OF STATE

This space for use by
Secretary of State

Date 1-13-03

License Fee \$

Franchise Tax \$ 25.00

Filing Fee \$ 75.00

Penalties

Approved: \$100.00

1. (a) CORPORATE NAME: TCO Network, Inc.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: _____

(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

2. (a) State or Country of Incorporation: Wisconsin

(b) Date of Incorporation: September 18, 1998

(c) Period of Duration: Perpetual

3. (a) Address of the principal office, wherever located:

(b) Address of principal office in Illinois:

(If none, so state)

14540 Club Drive

Elm Grove, WI 53122

none

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent National Registered Agents, Inc.

First Name

Middle Name

Last Name

Registered Office 208 South LaSalle Street, Suite 1855

Number

Street

Suite #

Chicago, IL 60604

County of Cook

City

ZIP Code

County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)

Wisconsin

6. Names and residential addresses of officers and directors:

Name	No. & Street	City	State	ZIP
President <u>William Linsmeier</u>	<u>14540 Club Drive</u>	<u>Elm Grove</u>	<u>WI</u>	<u>53122</u>
Secretary _____				
Director _____				
Director _____				
Director _____				

* See Attached
list

If more than 3, attach list

7. Purpose or purposes proposed to be pursued in transacting business in this state:
(If not sufficient space to cover this point, add one or more sheets of this size.)

Telecommunication Services

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common		\$1.00	9,000	100

9. Paid-in Capital: \$ 5750.00

("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ 800,000
- (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ 0
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 2,000,000
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 10,000

11. Interrogatories: (Important – this section must be completed.)

- ** (a) Office or offices to which all contracts with the corporation are forwarded for final acceptance: 14540 Club Dr., Elm Grove, WI 53122
- (b) Number of shares of all classes owned by residents of Illinois: 0
- (c) Number of shares of all classes owned by non-residents of Illinois: 100
- (d) Is the corporation transacting business in this state at this time? NO
- (e) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated 9-17, 02 TCO Network, Inc.
(Month & Day) (Year)
attested by Laura A. Linsmeier William Linsmeier
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)
Laura A. Linsmeier, Secretary William Linsmeier, President
(Type or Print Name and Title) (Type or Print Name and Title)

* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

** When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).

Officers of the Corporation

President	William Linsmeier, 14540 Club Drive, Elm Grove, WI 53122
Vice President	William Linsmeier, 14540 Club Drive, Elm Grove, WI 53122
Secretary	Laura Linsmeier, 14540 Club Drive, Elm Grove, WI 53122
Treasurer	William Linsmeier, 14540 Club Drive, Elm Grove, WI 53122
Director	William Linsmeier, 14540 Club Drive, Elm Grove, WI 53122